

INSTRUCTIONS FOR COMPLETING “THE ANNUAL REPORT OF MONTHLY PRODUCTION”

OPERATORS MUST **DATE** AND **SIGN** THE BACK OF THE PRODUCTION FORM WHEN COMPLETED. PRODUCTION DATA FOR THE PREVIOUS YEAR IS TO BE FILED IN THE LEXINGTON OFFICE OF THE DIVISION OF OIL AND GAS BY APRIL 15.

NATURAL GAS:

NATURAL GAS PRODUCTION SHALL BE REPORTED ON A PER WELL BASIS.

PERMIT NUMBER:	COMPLETE WITH THE PERMIT NUMBER ISSUED BY THE DIVISION OF OIL AND GAS.
PURCHASER NUMBER:	NUMBER ASSIGNED BY THE PURCHASING COMPANY.
FARM NAME:	COMPLETE WITH INDIVIDUAL WELL NAME AND WELL NUMBER.
PRODUCING FORMATION:	IF COMMINGLED AND NOT METERED SEPARATELY, THEN LIST AS “COMMINGLED” AND LIST THE PERTINENT FORMATIONS.
PRODUCED GAS:	ACTUAL GAS PRODUCED. INDICATE THE AMOUNT OF GAS METERED OR PRO-RATED AT THE WELL HEAD ON A MONTHLY BASIS.
NET GAS SALES:	ACTUAL GAS SOLD. INDICATE THE AMOUNT OF GAS SOLD INTO THE LINE OF FIRST PURCHASE. COULD BE DIFFERENT FROM PRODUCED GAS DUE TO LINE LOSS AND COMPRESSOR USAGE.
STATUS:	CHECK EITHER “PRODUCING” OR “SHUT-IN” FOR THE MONTH REPORTED.

COMBINATION GAS/OIL WELL:

SAME AS NATURAL GAS REPORTING BUT INCLUDE THE OIL SALES ON A MONTHLY BASIS.

CRUDE OIL:

CRUDE OIL PRODUCTION MAY BE REPORTED BY INDIVIDUAL WELL OR BY LEASE. WHEN REPORTING BY LEASE, IDENTIFY THE PURCHASER (LEASE) NUMBER USED BY THE CRUDE OIL PURCHASER. PERMIT NUMBERS WHICH CORRESPOND TO THE PURCHASER (LEASE) NUMBER SHALL BE LISTED ON A SEPARATE SHEET OF PAPER AND ATTACHED TO THE PRODUCTION FORM.

EXAMPLE

PURCHASER(LEASE) NUMBER: 12345 PERMIT NUMBERS: 85000, 85001, 85002.

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF MINES AND MINERALS

DIVISION OF OIL AND GAS

P.O. BOX 2244

FRANKFORT, KY 40601 PHONE (502) 573-0147

**ANNUAL REPORT OF MONTHLY PRODUCTION
FOR NATURAL GAS AND/OR CRUDE OIL**

YEAR: _____

(NOTE: OPERATOR'S SIGNATURE IS REQUIRED ON THE BACKSIDE OF THIS FORM (ELECTRONIC COPY PAGE 2).)

OPERATOR NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

REPORT GAS WELLS BY WELL; OIL WELLS BY WELL OR BY LEASE. IF REPORTING OIL PRODUCTION BY LEASE, ATTACH A LIST CONTAINING THE PURCHASER NUMBER AND ALL PERTINENT NUMBERS. THE PURCHASER NUMBER IS ASSIGNED TO THE LEASE BY THE PURCHASER FOR PRODUCTION PAYMENT. THE REPORTING OF PRODUCED GAS IS OPTIONAL.

PERMIT #: _____		PURCHASER #: _____		IF BY LEASE, NUMBER OF WELLS: _____	
FARM NAME: _____			COUNTY: _____		
PRODUCTION FORMATION(S): _____					
	PRODUCED GAS (MCF)	NET SALES GAS (MCF)	NET SALES OIL (BBLS)	STATUS PR SI	
JAN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
FEB	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
APR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAY	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUL	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
AUG	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
SEP	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
OCT	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
NOV	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
DEC	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	_____	_____	_____		

PERMIT #: _____		PURCHASER #: _____		IF BY LEASE, NUMBER OF WELLS: _____	
FARM NAME: _____			COUNTY: _____		
PRODUCTION FORMATION(S): _____					
	PRODUCED GAS (MCF)	NET SALES GAS (MCF)	NET SALES OIL (BBLS)	STATUS PR SI	
JAN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
FEB	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
APR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAY	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUL	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
AUG	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
SEP	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
OCT	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
NOV	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
DEC	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	_____	_____	_____		

PERMIT #: _____		PURCHASER #: _____		IF BY LEASE, NUMBER OF WELLS: _____	
FARM NAME: _____			COUNTY: _____		
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FEB	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
APR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAY	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUL	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
AUG	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
SEP	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
OCT	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
NOV	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
DEC	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	_____	_____	_____		

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				PR	SI
JAN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
FEB	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
APR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAY	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUL	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
AUG	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
SEP	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
OCT	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
NOV	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
DEC	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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JAN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
FEB	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
APR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAY	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUL	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
AUG	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
SEP	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
OCT	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
NOV	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
DEC	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	_____	_____	_____		

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JAN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
FEB	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
APR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAY	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUL	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
AUG	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
SEP	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
OCT	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
NOV	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
DEC	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	_____	_____	_____		

THE UNDERSIGNED HEREBY SWEARS OR AFFIRMS THAT THE FOREGOING INFORMATION GIEEN ON THIS REPORT IS TRUE AS HEREIN SET FORTH.

DATED THIS _____ DAY OF _____, 20____.

SIGNATURE OF OPERATOR

TITLE

PRINT OR TYPE SIGNATURE